Senior Citizens' Secretariat
Newsletter

VOLUME 109 SEPTEMBER 2004

Welcome Cathy Crouse!

The Nova Scotia Centre on Aging (NSCA) has a new person in charge.

On July 1, 2004 Cathy Crouse became the Executive Director of the NSCA, which conducts research, education and community consultation on aging related issues. Cathy had been the Interim Associate Director for the Centre for the previous year, during a leave of absence taken by Marlene MacLellan. Marlene was the Associate Director of the NSCA for more than ten years, and under her leadership the Center became well known for excellence in collaborative projects that address a wide range of topics related to aging. Marlene's leave ended when she accepted a permanent position as the Manager of the Centre for Continuing Care Studies at the Nova Scotia Community College, where she continues to contribute her wealth of knowledge in the field of aging.

Cathy's first introduction to seniors programs in Nova Scotia came when she volunteered at the 2002 50+ Expo. She had just returned to Nova Scotia from a 20 year "visit" to British Columbia, where she applied her Masters of Social Work degree from Dalhousie University to providing advocacy and service supports to people with disabilities. The Expo was an opportunity to become acquainted with the "who's who" of seniors' services, including staff of the Secretariat. "I was able to meet with Valerie White after the Expo," says Cathy, "and she pointed me in the right direction. I felt there was natural fit between the work I did in BC within the community living movement and my interest in aging issues. Apparently Marlene MacLellan agreed, and hired me to coordinate a project at the NSCA to develop public policy goals related to older parents caring for adult sons and daughters with disabilities."

She admits it has been a steep learning curve since taking on responsibility for the Center but says that the open and welcoming attitude of people at the Mount, and staff and volunteers of other organizations, has provided encouragement and support. "The past year has been very busy at the NSCA as we were finishing or starting seven major projects and were involved with two special events. All of the staff positions at the Centre, with the exception of Judy MacLean, our part time Librarian, and mine are sustained by temporary projects and contracts. Generating new proposals is a constant activity, at the same time that current projects are underway."

Cathy is particularly excited about a research proposal on seniors' housing that was submitted by the Mount to a national funding source in August. The proposal was developed in conjunction with 37 participants from throughout the Atlantic Region and, if funding is secured, will seek to accurately project the housing needs of aging Atlantic Canadians over the next 20 years. "This project is an excellent example," says Cathy, "of how academic institutions can play a role in bringing together seniors' organizations, government, and service providers to tackle an issue where there is a common interest. The willingness to work together is so crucial, if we are going to resolve the issues

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around income, health and inclusion that will soon be faced by a growing proportion of our population. With 25 per cent of our population being 65 or older by 2026, I want to help to make sure that we are ready. After all, I hope to be part of that statistic, which is an added incentive for me to do my job well."

We Need to Hear From You!

Task Force on Aging to Visit 31 Communities

by Valerie White, Executive Director

Few people have the opportunity to think broadly and systematically about what the future might hold. The provincial government's Task Force on Aging initiative has given us this opportunity, and all of us need to be a part of it.

Most Nova Scotians know our population is aging. Every month in this province, nearly 700 people celebrate their 65th birthday. The numbers are adding up fast. In fact, our current population of seniors (131,000) is expected to nearly double by the year 2026.

The changes we see on the horizon are going to be complicated, and we need to start thinking about them now. At the heart of the Task Force on Aging is the need to guide policymakers as they consider the far-reaching implications of an aging society. As a society, we need to make sure seniors are able to live independently for as long as possible. They need access to affordable housing and quality health care. But it's much broader than that and all sectors will need to adapt.

As the lead agency on this important initiative, the Senior Citizens' Secretariat has established an advisory committee of 25 knowledgeable people from across the province to guide the development of the *Strategy for Positive Aging in Nova Scotia*. The strategy will guide future planning and provide a framework for the development of all provincial policies and services affecting seniors. It will define the goals we need to achieve and identify the key

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with ageing issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065. E-mail scs@gov.ns.ca Website www.gov.ns.ca/scs

actions we need to take—as a society—to ensure we're able to meet the needs of seniors and provide a positive aging experience.

A discussion paper is scheduled for release in mid-October. Following that, the Task Force will be holding public consultation meetings in 30 communities across Nova Scotia in late-October and throughout November. It is my hope and that of the Task Force, that Nova Scotians of all ages will participate in these meetings. Most especially, we need to hear from seniors, from "baby boomers" who are quickly approaching their senior years, from those who work in the field of aging, and anyone else with a special interest in this topic.

Simply put, government can't respond to the needs of an aging society alone. Given the significance of the changes our province is undergoing, we're all going to be called upon to do our part, as individuals and as specific sectors of society. This is one area where seniors are clearly leading the way—They care. Not just about their own well-being, but about their children and grandchildren, and about the communities they've invested so many years to help build. They are in a unique position to advise us on how to rekindle these important values; how to keep older Nova Scotians active and engaged; how to better utilize the resources in our communities; and how to create the kind of province that truly appreciates and respects the contributions of older Nova Scotians.

At the heart of it, the Task Force on Aging and the resulting *Strategy for Positive Aging in Nova Scotia*, will enable government to lead the planning process to help seniors live longer, better, and healthier lives. Its success will depend on the quality of advice received. Please participate in planning for the future.

For more information on how to get a copy of the Task Force on Aging Discussion Paper and to find out more about public meetings in your area, please contact 424-0065, or call the Senior Citizens' Secretariat toll free at 1-800-670-0065.

Flu Season Cometh: Be Prepared

Influenza is caused by influenza A and B viruses and occurs in Canada every year, usually during the late fall and winter months. The usual symptoms of influenza are sudden onset of fever, chills, cough, sore throat, sore muscles and joints, headache and tiredness. Influenza can cause severe illness and even death, especially in people over age 65 and those with chronic illness. Every year in Nova Scotia over 2,500 hospitalizations and over 400 deaths are the result of influenza infection.

Influenza vaccination is the best way to prevent influenza and its complications. Since influenza viruses change themselves from year to year vaccination needs to be repeated every fall. In Nova Scotia the vaccine is available at no cost to people considered to be at higher risk getting severely ill from influenza.

Those at 'high-risk' include:

- people 65 years of age or over.
- people who live in nursing homes and other chronic care facilities.
- adults and children with chronic lung or heart diseases, diabetes, cancer, kidney disease, HIV, immune deficiency, anemia.
- children and adolescents treated for long periods of time with aspirin.
- household contacts of the above groups.
- health care workers (including volunteers in hospitals, long term care facilities and home care organizations).

The only people who should not receive influenza vaccine are people who have severe or anaphylactic allergies to eggs or who have had a severe allergic reaction to a previous dose of influenza vaccine.

Every fall, starting in mid-October, influenza vaccine is available at no cost at family doctor's offices and community clinics. Watch your local newspaper and listen to your local radio and TV for the provincial "Flu Launch" date and the times and locations of local clinics. Although October and November are the best months to get influenza vaccine, if you miss these times it is still important

to immunized during the early winter before the influenza season arrives.

It is also important to remember that if you are in one of the "high-risk" groups there should be no cost at all for you to get influenza vaccine at your doctor's office or Public Health clinic.

Along with having "high-risk" people immunized, prevention of influenza in "high-risk" people also requires steps to reduce their exposure to influenza viruses. The main way to reduce the exposure of high-risk individuals is to immunize their close contacts - household members and caregivers. If household members and care providers are not immunized against influenza then they are putting "high-risk" people at increased risk of influenza and its complications. Take the initiative and ask household members, as well those who provide care to you (whether it is in your home, at an office or in a facility) "have you had your flu shot?"

If you are a care-provider or volunteer to "high-risk" people in their own homes or in a care facility it is your responsibility to be immunized to protect them. Don't take the risk of bringing the "flu bug" to those you are trying to help.

There are many myths about influenza vaccine but in reality it is a very safe and well-tolerated vaccine.

Myth and Reality

- **Can influenza vaccine give people influenza?**

  No, the manufacturing process kills the virus particles in flu vaccine, so the vaccine cannot cause an influenza infection.

- **I got influenza vaccine last year and still got influenza symptoms. How?**

  Possible explanations for getting influenza-like illness despite being vaccinated are:

  1. The vaccine did not give full protection and the person got true influenza. This will happen to a few people, but without vaccination the illness would probably be much more severe.

  2. Many other viruses give people flu-like symptoms. Influenza vaccine does not prevent these other illnesses; it only protects you against true influenza. The influenza-like symptoms are probably due to infection by another virus.

- **Is it true that the side effects of influenza vaccine are worse than the flu?**

  No. The benefits of influenza vaccine far outweigh any risks, especially for people at high risk of getting severe influenza and its complications. Most people experience few or no side effects. After a flu shot, some patients may be more likely to blame the symptoms of another illness on the vaccine. Taking acetaminophen shortly after your flu shot may decrease the frequency of side effects such as redness, pain and swelling at the injection site.

  If you do experience the rare flu-like side effects, they will usually disappear in 24-48 hours, while the flu can last for 10 days or more and may leave you feeling unwell even longer. Also, a true case of influenza always leaves open the possibility of complications, such as pneumonia, and even death.

  If you are 65 years of age or older, or in one of the other "high-risk" categories, then the best way to protect yourself from influenza is to have yourself, and your close contacts (household members and caregivers), immunized every fall.

The following general steps will help you avoid influenza and the many other viruses that are around every fall and winter.

- Wash your hands frequently with hot water and soap.
- Avoid close contact with people who are coughing and sneezing.
- Eat a healthy diet, exercise regularly and get enough sleep. This helps your body to fight off infections.

Source: Dr. Robert Strang
Capital District Health Authority,
Nova Scotia

Health Council of Canada

Created in December 2003, as a result of the 2003 First Ministers' Health Accord, and following the recommendations of the Romanow and Kirby Reports, the Health Council of Canada is mandated to monitor and report on the progress of health care renewal in Canada. Chaired by Michael Decter, councillors were named by the participating provinces, territories, and the Government of Canada.

With health care continuing to dominate the national agenda for Canadians, the Health Council of Canada concluded its third meeting in Winnipeg, May 21, 2004, with the establishment of the reporting priorities for its six working groups as well as announcing a new Executive Director and confirming approval of the Council budget.

"The Health Accord of 2003 established the broad areas within Canada's health care system that require review. We have taken those directives one step further with the establishment of specific priorities for the working groups upon which the Health Council will report back to Canadians by January of next year," said Michael Decter, Council Chair.

- The **Wait Times** working group will provide an analysis of wait time management as well as recommendations to improve effective and consistent wait time management programs across the country.
- The **Pharmaceutical** working group will report on the different definitions of catastrophic drug coverage and begin to assess the impact on the different levels of coverage that these definitions create.
- The group looking at **Primary Health Care** will identify best practices in creating patient access to 24 hour/7 day-a -week service to high quality, multi-disciplinary practice.
- The **Home Care** working group will examine the different services being offered across jurisdictions and report on best practices in home care.
- Working in concert with aboriginal groups, the Council's **Healthy Canadians** working group will provide a clear picture of the main conditions facing aboriginal Canadians and will recommend ways to close the gap between the health status of aboriginal people and other Canadians.
- The **Health Human Resources** working group will report on the key issues involved in the preparation, recruitment, retention and renewal of health care professionals, and promote new approaches for ensuring that Canada's future health care work force can meet the needs of the evolving health delivery system.

"Canadians are living longer. This important achievement has implications for the future of health care. Our health care system needs to be organized and equipped to deal with the chronic diseases that come with an aging population—such as arthritis—so that people can be supported at home and in the community. The Health Council will be reporting to Canadians on issues such as these," Mr. Decter added.

The Health Council also confirmed the approval by all participating Health Ministers of its $6.1 million budget, as well as announcing the appointment of Catherine Fooks as its Executive Director, responsible for the operations of the Council. With a distinguished career as a health policy researcher and manager, Ms. Fooks comes to the Council from the Canadian Policy Research Networks, where she was most recently the Director of the Health Network.

Michael Decter concluded, "Catherine Fooks is a tremendous asset for the Health Council and a unanimous choice. Her expertise as a researcher as well as an administrator will enable us to obtain and synthesize the information on our health care system that Canadians want."

Created as a result of the 2003 First Ministers' Health Accord, and following the recommendations of the Romanow and Kirby Reports, the Health Council of Canada is mandated to monitor and report on the progress of health care renewal in Canada. Chaired by Michael Decter, the 26 Council members were named by the provinces, territories and the Government of Canada. Their expertise and broad experience includes the areas of nursing, community care, aboriginal health, health education and administration, finance, medicine and pharmacology. The Health Council of Canada held its inaugural meeting in January 2004 and will meet next in Iqaluit in September 2004.

Seniors for Literacy

by Marguerite McMillan, Project Coordinator, Nova Scotia Seniors for Literacy Committee

Starting this September seniors in five communities will have the chance to enhance their basic reading and writing skills, brush up on math, and everyday finances. They can also learn about health and nutrition, storytelling or how to use a computer. Community learning networks and seniors' councils in Amherst, Kentville, Middleton, Shelburne and Yarmouth are partnering to offer basic learning programs designed to meet the interests of seniors.

This is all part of a pilot project to test our new resource kit for older learners and we invite as many of you as possible to take advantage of this opportunity, the first of its kind in Nova Scotia!

If you live in a community listed below, you are invited to call the contact persons closest to you. They will put you in touch with a qualified volunteer tutor who is trained to work with older learners.

- **Amherst:** *Cumberland Adult Network for Upgrading partnering with the Cumberland County Seniors' Council*
  Contact Beth Smith: 661-0153
  or Marion Dotton: 257-2349
- **Kentville:** *Kings County Learning Association partnering with the Kentville New Horizons Club*
  Contact Peter Gillis: 679-5252
  or Albert Houghton: 678-2613
- **Middleton:** *Annapolis County Senior Citizens' Council*
  Contact Murray Covert: 532-2660
- **Shelburne:** *Shelburne County Learning Network partnering with the Lockeport Seniors' Seacaps*
  Contact Shawna Goulden: 875-4272
  or Joan McConnell: 656-2040
  or Jackie Race: 637-2335
- **Yarmouth:** *Yarmouth County Learning Network partnering with Yarmouth Golden Age Club*
  Contact Shawna Goulden: 875-4272
  or Mary Power: 742-2925

This project is funded by the National Literacy Secretariat, Human Resources and Skills Development Canada.

Included in the kit is a booklet entitled *Enhancing the Basic Learning Skills of Older Nova Scotians: Context and Strategies*. The booklet is free of charge and can be obtained by contacting the Secretariat.

Prevention and Awareness of Crime and Theft (PACT)

If you think you are a victim, know a victim, or have any questions, contact:

- Your local police
- Better Business Bureau of the Maritime Provinces 1-902-422-5413
- PhoneBusters 1-888-495-8501
- Service Nova Scotia and Municipal Relations, Public Enquiries 1-800-670-4357
- To report an economic crime on line, go to: www.recol.ca

Warning Signs

- Noticeable increase in offers in the mail.
- Frequent calls offering get rich schemes.
- Sudden inability to pay normal bills.
- Requests for loans or cash.
- Banking records showing cheques or withdrawals made to unfamiliar companies.
- Secretive behavior regarding phone calls.
- Phone solicitations requiring courier pickups or credit care information.

Prevention Tips

Note: These tips apply to all kinds of transactions

- Never agree to send someone money so that you can win a prize.
- Be careful about paying for products you have not seen.
- Don't pay someone up front to recover money for you.
- Don't be pressured into making a decision—Take all the time you need. Avoid impulse buying.
- Ask for the offer in writing, a call back number, references and the time to think it over.
- Don't buy anything if you don't understand the offer.
- Find out what the return/refund and warranty/guarantee policies are! Protect yourself.
- Keep copies of brochures, receipts and contacts.
- When using automated teller machines always protect your PIN.
- Use two e-mail addresses: one for personal messages, and the other for news groups, chat rooms, and purchases (prevent deceptive spam.)
- Don't deal with companies you don't know. Get more information.
- Don't give personal information about credit cards or bank accounts unless you initiate the call or know who you are dealing with!
- Before investing your money, get a second opinion from your spouse, friend, financial advisor or lawyer.
- Find out who to complain to, and how.
- Be careful when someone offers to deliver a product to your home. By telling them when it would not be convenient, you may be providing them with the times when your home will be unattended.

Sponsored by: Royal Canadian Mounted Police; Competition Bureau/Industry Canada; Better Business Bureau of the Maritime Provinces; Service Nova Scotia and Municipal Relations; Nova Scotia Senior Citizens' Secretariat; Aliant; and Halifax Regional Police

"Working Together to Reduce Fraud in Nova Scotia"

Positive Aging and the Pursuit of Personal Projects After Retirement

Sylvia Lapierre, Micheline Dubé, Léandre Bouffard, and Michel Alain
Université du Québec à Trois-Rivières
Department of Psychology, Canada

Most people still think that older adults are primarily concerned with the past or try to live in the present because it is irrational to invest much energy in long-term goals when health is declining and there is less amount of time remaining to live. For the last fifteen years, the members of the Research Laboratory in Gerontology at the Université du Québec in Trois-Rivières (Canada) showed that these stereotypes should be challenged.

Our research showed that past findings of a reduced future orientation in old age could be explained by many factors other than age. In fact, a reduced future is seen in people of all ages who face frustration, low socioeconomic status, or chronic disabilities. Given that elderly persons are more likely to suffer from such ailments, they are more likely to appear goal impaired. Therefore, a lack of goals is a normal reaction of despair when faced with important difficulties and not an intrinsic part of the psychology of aging.

Goals expressed by older adults show their concern with keeping their health and their autonomy. Goals directed at the avoidance of losses and the preservation of capacities and independence were the most frequent. This was not surprising since health is a prerequisite to the realization of many other goals and an area under threat by the aging process. Interest in helping people and in maintaining existing relationships ranked second. Wishes for the well-being of others were the third most common, followed by the categories of practical activities and self-realization, which were attesting that older adults want to be useful and work toward self-development after retirement. Recreational activities came only in sixth place while transcendental aspirations revealed the elders' concern about dying with dignity. But what was most interesting was that results revealed that

aged individuals who remain invested in personal goals are psychologically healthier (higher self-esteem, well-being, self-actualization, life satisfaction, and purpose-in-life, less depression) than those who disengage from aspirations that give meaning to their life.

Based on these findings, a goal management program was created to help retired and older adults express, plan, pursue, and achieve meaningful, concrete, and realistic personal goals. It was based on a cognitive-behavioral approach and consisted of 11 weekly meetings of two hours for groups of 7 to 8 persons. It included three steps: Goal setting, goal planning, and goal pursuit.

Aged individuals who remain invested in personal goals are psychologically healthier than those who disengage from aspirations that give meaning to their life.

At the beginning of the program, preliminary meetings try to encourage group cohesion and cooperation, which are essential to the success of the program, and help the participants realize the impact of their thoughts on their emotions and behavior. With exercises, they identify a large variety of negative beliefs that could interfere with goal setting and planning. For example, many older adults have a tendency to believe that they are too old for certain goals, are afraid of the judgment of others it they express their interest in reaching certain goals, do not believe in their abilities or in the possibility of reaching their goal, etc. These beliefs impede the pursuit of many goals and should be addressed early in the program. During the goal setting phase, the participants do an inventory of their aspirations. They select a few high priority goals and evaluate them according to different dimensions (enjoyment, stress, difficulty, effort, self-efficacy, etc.) in order to become more aware of the characteristics of the goals they are prioritizing (some people realize that they choose goals to please others and not themselves) and to make a wiser choice in the goal they chose to pursue.

Finally, they translate the chosen goal into a target-behavior that eases its realization. For example, the goal "improve my relationship with my husband" could be translated in one of the following concrete actions: "have a special dinner once a week," "a weekend activity" "see a psychotherapist." During the goal planning phase, the participants plan the actions and identify the personal and social resources that are necessary to reach the goal, anticipate obstacles and difficulties they are bound to face, and identify the strategies to overcome them. In the goal pursuit phase, they execute their plan, evaluate their efforts and progress toward the goal, share their experience with the group, identify the thoughts and emotions that had an impact on the pursuit of their goals, and make the necessary adjustment to reach their goal.

This educational program, offered recently to 105 retired men and women between 50 and 65 years of age, improved the psychological well-being of the participants. Compared to a control group (n = 60, who did not take part in the program), people in the experimental group increased significantly their levels of hope and goal orientation, their ability to realize their personal projects as well as the following dimensions of well-being: retirement satisfaction, serenity, happiness, meaning-in- life, and self-actualization. It seems that a program centered on helping retired individuals reach their personal projects can contribute to their psychological well-being.

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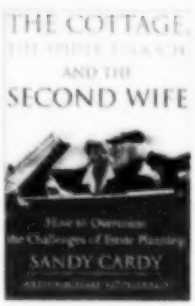
Source: Intercom, *September 2003*

Talking Body Thermometer

Now you can 'hear' your temperature rising. If trying to read a thermometer—mercury or digital—makes your blood boil, here's something that will cool you down: a talking thermometer. It tells you your temperature in Celsius and beeps when the reading is complete. The memory stores the last temperature measured. The thermometer uses one button cell battery (similar to a watch battery) and shuts off automatically. *The Talking Body Thermometer*, $14.99 (English only) is available at most Radio Shack and Batteries Plus stores.

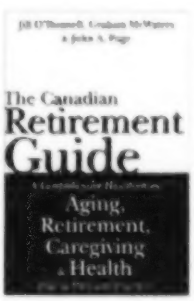
Source: Good Times, *June 2004*

Books



The Cottage, the Spider Brooch and the Second Wife
How to Overcome the Challenges of Estate Planning
Author Sandy Cardy has taken a novel approach with this estate-planning book: he's written it as a novel. The story is about 68-year-old Alfred Hilroy, who has three grown kids, four grandchildren, and has fallen in love with a younger woman. The issues faced by the Hilroys are true to life and it's through them that Cardy reveals important points of estate planning: Wills, powers of attorney, second marriages and the importance of items that have sentimental value. Included is one of the best explanations I've read about ways to keep the cottage in the family while keeping taxes to a minimum. An engaging and informative read that could save you more than money.

The Cottage, the Spider Brooch and the Second Wife by Sandy Cardy with Michael Fitzgerald, published by ECW Press, 2003. Soft cover, 304 pages. $19.95

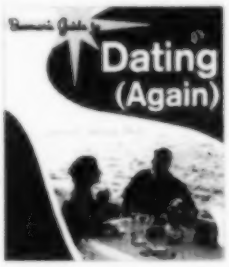


The Canadian Retirement Guide
A Comprehensive Handbook on Aging, Retirement, Caregiving & Health: How to Plan and Pay for It
Baby boomers, look out! There's a new word for our future: Elderboomers. The authors give a jolt of reality to the millions of Canadians who "will spend their declining years in poverty, misery and uncertainty because they did not plan for retirement." Grim news, but there is hope if you read this guide.

First step is to create a life plan, including where you want to live, your state of health, what you want to achieve, personal relationships, etc. The book helps you define and reach your goals, and tells who to turn to for help. It also helps you to

prepare for the emotional and physical problems of aging. A useful book for planning retirement as a family.

The Canadian Retirement Guide by Jill O'Donnell, Graham McWaters and John A. Page, published by Insomniac Press, 2004. Soft cover, 298 pages. $21.95



Boomer's Guide to Dating (Again)

So, you're over 50, single again, and would rather stay home and watch TV than find a date. Truth is, you'd love to meet someone special but you're scared stiff. Don't worry, you're not alone—and if you read this book, you won't have to be alone. Author and psychologist Laurie A. Helgoe specializes in helping boomers get back in the dating process. Included are tips on dealing with dating fears; helping kids adapt; looking for love; dealing with rejection (it sucks, even at 60); is it love, and more. Filling in the worksheets on "designing your pitch" and "who attracts you" is a great help. Real stories from the mouths of boomers also offer support and humour. Good luck!

Boomer's Guide to Dating (Again) by Laurie A. Helgoe, Ph.D, published by Alpha, 2004. Soft cover, 337 pages. $25.00

Reel to Real
25 years of celebrity interviews from vaudeville to movies to TV

"The secret to staying youthful is to have fun. If people could only get a laugh every day, I think it's the most important thing in the world because many people never exercise their laugh lines."
—Bob Hope, 1980

Reel to Real is filled with memorable quotes from 60 stars of the golden age of Hollywood, including Oscar winners Shirley Jones, Charleton Heston, Gregory Peck, George Burns, James Cagey and other "immortals" like Mel Brooks, Fred Astaire and Ginger Rogers. *Reel to Real* will leave you with lots of interesting trivia tidbits to toss out at cocktail and dinner parties.

Reel to Real by David Fantle and Tom Johnson, published by Badger Books Inc., 2004. Soft cover, 328 pages. $22.55

Source: Good Times, *June 2004*

50+ Guide to Computers:
For the Absolute Beginner

If you've never used a computer, you'll find this book user-friendly. Author Richard Mende recognizes that "our generation more readily relates to written words that to icons." That's why the book is written in plain English.

Mende's book (in big print) shows how to enlarge the size of the print on your screen and make adaptations for other age-related needs such as hearing or mobility. Once you've mastered the basics (assisted by the practice floppy disk), you will be able to e-mail your grandchildren. Good luck!

50+ Guide to Computers by Richard Mende, published by Norbry Publishing Limited, 2003. Soft cover, 206 pages. $43.95

Bark Canoes
The Art and Obsession of Tappan Adney

Who was Tappan Adney? Author and avid canoeist John Jennings says: "Adney (1868-1950) was the most important scholar the canoe world has known." Concerned that North American native bark canoes and the know-how to build them would soon be forgotten, Adney built exact 1:5 scale model canoes based on his interviews with elderly native builders and retired fur traders.

There are beautiful photographs of Adney's collection of more than 100 models, interwoven with stories of his eccentric life and the history of native canoes. A must have cottage book.

Bark Canoes by John Jennings, published by Firefly Books, 2004. Hard cover, 152 pages. $35

Victory in the St. Lawrence
The Unknown U-Boat War

In 1942, marauding U-boats entered the Gulf of St. Lawrence and did a great deal of damage. They roamed the Gulf and River St. Lawrence at will and were seldom opposed. They sank Canadian warships and valuable merchant vessels almost with impunity.

—Cmdr. George Bernard, Naval Officer in Command (NOIC), Gaspé, 1943 to war's end.

"This was Canada's Unknown War," says author James Essex. The fact that eight ships were sunk while defending Canadian coastal waters was shrouded in secrecy. Essex, who served in the Royal Canadian Navy for 4 years as a radio operator and saw action in the Atlantic and Pacific, says the most exciting time was in the St. Lawrence, where he served in 1942.

There are no monuments honoring what Essex calls "the unsung patriots". That's why he wrote this book: to lift the veil of secrecy over these navy battles, "the unknown U-boat war." Black and white photos offer dramatic insight. An important read for those of us too young to remember and for those who will never forget.

Victory in the St. Lawrence by James W. Essex, published by The Boston Mills Press, 2004. Soft cover, 160 pages. $24.95

Web Sites: Get Connected

by Catherine Rondina

Read All About It! Then get lost in a good book.

Before you visit the bookstore or library, read between the lines of these noteworthy book review sites to decide what sort of reading material you're after.

www.bookspot.com is a book lover's paradise, especially for those who like to explore their reading options. The portal is so filled with information that referencing it is like perusing a good book you don't want to put down. The main page encompasses everything from *What To Read* (which offers links to *First Chapters* and *Bestsellers)* to *Behind The Books*, where you'll find *Literary Criticism* and *Book Facts*. You'll be impressed with their *Where To Buy* section; don't miss the *You Asked For It* page.

www.curledup.com is home to *Curled Up With a Good Book*. It offers an eclectic mix of reviews, features, an online newsletter and free monthly book giveaways. Their book review pages are divided into three main categories: *Fiction*, *Spec-Fic* (speculative fiction) and *Non-Fiction*. Once you've selected your area of interest, you'll find colourful book covers that allow you to click on a book for a descriptive one-page review and an author's bibliography. Try their *Buy Online* option for more links of interest.

www.readingwoman.com began as a book club back in the 1970s. The original group of six women wanted to promote good reading without commercial influence, so the site has no advertising. Here are unique links you won't find anywhere else, like *Writers Of The Harlem Renaissance* and *Science Fiction By Women Authors*. Try the *Best Book You Never Heard Of* for some undiscovered gems and test your literary knowledge with the *OpeningLine Game*.

www.themysteryreader.com is for those who like a little thrill in their fiction. The site offers the latest news and views from the whodunit files and they've got the smoking guns to prove it! Click on the revolver icons to move about the pages. Select the *Features* link for an extensive listing of options, such as: *New Faces, Eagerly Awaited* and *Crime Scene* (where you'll find news from the genre's authors). The *New Reviews* link gives listings of new releases for all the mystery sub-categories; you won't believe all the different styles found in this field of writing!

www.bookreporter.com takes you to where readers and writers click. The pages of this Web site are crammed with great links to help make choosing your reading material easier. Along with standards like *Features* and *Reviews*, this site has some distinctive characteristics. Click on the *Authors* link for well-written bios, articles and fact sheets. Be sure to try their *Trivia* link, where you can test your author-related knowledge. You'll find inspiration in the words found on the *Quote Of The Day* page. Find out what other readers are reading with the *Word Of Mouth* link.

www.likesbooks.com is home to *All About Romance*, the romance reader's heaven. This site has an interactive and entertaining style; you'll feel as though you're chatting with friends. Visitors are invited to offer their own opinions. Special links include *Cover Controversy*, where readers and artists talk shop, and *Writers On Writing*, featuring interviews. Select the *Purple Rose Parody* link to enter their writers contest.

Source: Good Times, *June 2004*

Refresh Your Knowledge of Canadian History

Now that we're grown up, we often wish we'd absorbed more of the Canadian history they managed to make so dry in school. In honour of Canada Day, here's a wonderful opportunity to brush up on the story of our great country. These Web sites will help you uncover Canada's history with a few clicks of the keyboard. Log on, and the rest, as they say, is history.

www.collectionscanada.ca/history This site is maintained by Library and Archives Canada. With its easy, one-stop access to text, photographs and other documents, our past is virtually at your fingertips. You'll be delighted when you select the *Our Collection* link and find the treasure trove that awaits you. You can access the collection through *Our Services* or start with the *For New Users* prompt to gain admission. The *Browse Selected Topics* gives you everything from *Aboriginal Peoples* to *War and Military*.

www.civilization.ca/hist/histe.asp presents the history pages of the Canadian Museum of Civilization and the Canadian War Museum. Begin by using their unique subject icons: *Northern Knowledge* (the 1913-1918 Canadian Arctic Expedition) *Playing Through* (Golf, the Canadian Story) *The History of Pensions*, or *Dogsled Mail* in the Yukon in the 1890s. Don't miss their *Other Features* links which offer more than 50 different topics to explore.

www.ualberta.ca/%7Ebleeck/canada is brought to you by Beverly Leeck of the University of Alberta and is officially called *Oh Canada!* Start your tour with a click on the *About This Website* link; for insight into the author and her feelings about what it means to be Canadian. Click on *Constitutional Documents* for information from *Laws of Canada* to the *Supreme Court of Canada*. Be sure to check out the *Facts On Canada* option, where you'll find pages of interesting data.

www.histori.ca is brought to you by the people who produce one-minute television vignettes about Canadian history. Not only can you read all about the making of these dramatic mini-movies, you can browse through the more than 60 titles for some insight into each historic minute. Just click on the *Minutes* link and you're on your way through history. Be sure to tryout the other links histori.ca offers, such as *Peace and Conflict, Champlain in Acadia, The Prime Ministers of Canada* and their gateway to *The Canadian Encyclopedia*.

www.historysociety.ca was established in 1994 as a charitable organization devoted to popularizing Canadian history. With over 50,000 members, this group hosts award programs (the *Pierre Berton Award* and the *Governor General's Awards)*, produces publications, and hosts conferiences to make Canadians more aware and appreciative of their heritage. Their online magazine *The Beaver* features wonderful articles about Canadians who've made history.

Source: Good Times, July/August 2004

Handbook: Workplace Health

Many business owners realize the importance of looking after their employees' well-being and satisfaction in the workplace. Now, owners have helpful advise at their fingertips with *Healthy at Work*, a new pocket-guide resource.

This 212-page handbook provides owners successful, proven strategies on nutrition, exercise, stress reduction and the treatment of common ailments. It also explains cost-effective treatments and dispels familiar medical myths.

Healthy at Work can help organizations reduce absenteeism and control health care costs.

To order call Books for Business at: 1-800-668-9372

Source: Rehab & Community Care *magazine Spring 2004*

Are Canadians Ready to Care?

Results from a recent nation-wide poll indicate that more Canadians will need to consider their future care plans for their parents.

"As my parents or in-laws get older, I will have to provide them with some form of care."

Agree: 55%

Disagree: 10%

"I'm worried about where I'll live when I get older."

Strongly Agree: 15%

Somewhat Agree: 19%

"I think I would enjoy living with my children and their family."

Strongly Agree: 12%

Somewhat Agree: 19%

"I have discussed with my parents or in-laws their long-term-care plans so that I know what to do if they should need assistance as they age."

Agree: 36%

Disagree: 32%

Editor's note: Combined numbers may not equal 100%, as some figures have been deleted for brevity. **www.Ipsos-Reid.ca**

Source: Ipsos-Reid

More Tests Needed for Colon Cancer

Everybody over the age of 50 should be screened for colon cancer, according to recently published guidelines by the Canadian Association of Gastroenterology (CAG).

However, in the same report, the CAG also recognizes that there are barriers to such testing; notably, a lack of standard colon cancer screening policies among the provinces.

www.cag-acg.org

Source: The Canadian Journal of Gastroenterology

The Weather

Whether you're wondering about long-range forecasts in other parts of Canada as you travel or just want to know how hot or cool it's going to be at home, Environment Canada has all the answers.

Go to www.weatheroffice.ec.gc.ca/canada_e.html and click your way through the regional maps to find the specific area you're looking for.

For more information about heat alerts in the Toronto area, go to **www.toronto.ca/health/heat_notification.htm**. People in other areas of Canada can also access this site for links to helpful information about heat-related illnesses, heat risks and how to stay cool. For specific heat-related health concerns in your area, contact your local department of Public Health or your family doctor.

Source: Good Times, *July/August 2004*

Trans Fats: The Facts About A Very Bad Fat

By January 1, 2006, most store-bought products will have to list their trans fat content on the labels.

Why are trans fats being added to nutrition labels?

So people can choose foods that are lowest in these artery-damaging fats. Health advocates also hope that this will motivate food manufacturers to try to lower the trans fat content of their products.

What are trans fats and what foods are they found in?

Trans fats are heart-*un*healthy fats formed when liquid vegetable oils are changed to solid or semi-solid fats (hydrogenation). They're found in many processed foods such as cookies, pastries, crackers, pies, frozen foods, margarine, and deep-fried foods. They're also found naturally (in smaller amounts) in dairy and meat products.

Why is trans fat a problem?

It raises bad (LDL) cholesterol, but it does not raise good (HDL) cholesterol. Saturated fat, on the other hand, raises both bad and good cholesterol. So, while too much saturated fat isn't healthy, too much trans fat is even worse.

How much trans fat is it okay to eat?

There's no formal recommendation, but experts say we should limit trans fat and saturated fat to about 10% or less of daily calories. If you eat 2,000 calories a day, aim for no more than about 22 grams of these two fats combined.

Sources: American Heart Association;
Center for Sciences in the Public Interest

Fat Facts

With so many health messages competing for our attention, the facts about fats may have slipped through your fingers. Here's a quick refresher on what the Heart and Stroke Foundation has dubbed "The Good, the Bad and the Ugly" fats.

The Good

Mono-unsaturated

Found in: olive oil, canola oil, avocados, some margarines, nuts such as almonds and hazelnuts
Qualities: These fats improve the balance between good and bad cholesterol, and seem to inhibit the formation of artery-clogging plaque. They also help to bring down blood pressure, says Dr. Piché.

Polyunsaturated

These fats come in two different varieties, Omega 3s and Omega 6s.

Omega 3s

Found in: Fatty fish and fish oils such as herring, mackerel and sardines, Omega-3 eggs and Omega-3 scrambled egg mix. (These eggs come from hens that have been fed flax seed. The Omega-3s found in flax seed lack EFA and DHA, the most beneficial components of fish oil, but the hens' bodies can manufacture some from the flax oil. While humans can also create their own DHA and EFA from the raw materials found in flax seed, canola oil and English walnuts, many people cannot make sufficient amounts.)

Qualities: "Omega-3s are useless at lowering LDL (bad) cholesterol, but they do lower levels of blood fats called triglycerides," says Dr. Holub. "They make blood platelets less viscous and less sticky, and less likely to clump, and they tend to lower the resting heart rate. These effects probably explain why they appear to be so effective at reducing death rates from heart attacks." For example, one study found that people who were put on a fish-oil supplement after surviving a heart attack were 45 per cent less likely to die suddenly from an irregular heart rhythm compared with similar patients who didn't take fish oil.

Omega 6s

Found in: Corn oil, sunflower oil, safflower oil, sesame oil, sesame seeds, sunflower seeds

Qualities: "Omega 6s help to lower bad cholesterol" but can change the balance of blood fats, notes Carol Dombrow, a registered dietitian and spokesperson for the Heart and Stroke Foundation. "If you eat too many, they can also lower the good cholesterol."

The Bad

Saturated Fats

Found in: Animal fats (whole milk dairy products, fatty meats, chicken with skin), tropical oils such as coconut, palm and palm kernel

Qualities: Saturated fats raise, levels, of LDL (bad) blood cholesterol, says Dombrow, and appear to promote heart disease.

The Ugly

Trans Fats

Found in: Packaged foods, commercially fried foods.

Qualities: Trans fats deal a double whammy to blood cholesterol levels. Not only do they increase the amounts of heart disease-promoting substances in the blood—LDL cholesterol and another fat called lipoprotein(a)—trans also decrease 'healthy' HDL cholesterol that helps protect against heart disease.

Get More Info

For more information on fats, and great tips on improving your dietary fat profile, check out the Heart and Stroke Foundation's new online pamphlet at:

http://wwl.heartandstroke.ca/images/english/Fat&Cholesterol.pdf

Source: Good Times, *July/August 2004*

Meat and Beer Bad, Milk Good for Gout

New research demonstrates that diet plays a prominent role in gout, a form of arthritis. Harvard researchers who studied more than 47,000 men over 12 years found that drinking more than two glasses of milk per day appeared to cut the risk of developing the disease in half, while gout risk increased by 21 per cent with each serving of beef, lamb or pork a man consumed daily.

The same scientists discovered that drinking alcoholic beverages also increased gout risk: compared with non-drinkers, men who consumed at least two beers a day were 200 per cent more likely to get gout. One beer per week raised risk by 25 per cent and two drinks of liquor per day boosted the odds 60 per cent. Beer and red meats are rich in purine, which produce uric acid when broken down. In gout sufferers, this waste product crystallizes in certain joints, triggering pain and inflammation.

Source: Good Times *July/August 2004*
(New England Journal of Medicine, The Lancet)

B12 May Benefit Bones

Calcium and vitamin D aren't the only nutrients that help older women keep bone loss at bay. So suggests the Study of Osteoporotic Fractures, published in the *Journal of Clinical Endocrinology and Metabolism*. University of California researchers analyzed levels of B12 in 83 women aged 64 plus, then measured their bone mineral density (BMD) over six years. BMD measurements fell 1.6 per cent per year in women with the lowest blood levels of the B vitamin, compared with 0.2 per cent in women whose levels were normal. It's more difficult for the body to absorb B12 from meat, eggs, poultry and dairy foods after 50. Consequently, experts suggest people aged 50 and older take a daily supplement.

Source: Good Times, *July/August 2004*

Getting Older Getting Poorer?

A study of the Earnings, Pensions, Assets and Living Arrangements of older people in nine countries.

This study, undertaken by the Organization for Economic, Co-operation and Development (OECD), compared nine countries: Canada, Finland, Germany, Italy, Japan, the Netherlands, Sweden, the United Kingdom, and the United States regarding data on income, health, consumption, housing, and the use of in-kind services provided by the state.

The results of the study showed that, although income decreases with age, retirees are not substantially less well off than people of working age. This is due to the absence of work-related expenses and lower housing expenses paid by older people.

Regardless the different types of pension systems in the nine countries, the income of retirees, relative to the income of working-age people, is rather similar across all nine countries. Also common to all countries is the fact that elderly women, particularly elderly single women fare less well. Widowhood is a risk for poverty, especially because in many countries all or part of the husband's pension gets lost.

www.olis.oecd.org/OLIS/2002DOC.NSF/LINKTO/DEELSA-ELSA-WD(2002)4

Source: Intercom, *February 2004*

Is Our Future Fat?

One in two Canadians is over-weight and one in seven is obese, according to the latest figures from a Heart and Stroke Foundation (HSF) report.

And these numbers will only continue to increase, warns Anthony Graham, a Toronto cardiologist and spokesperson for the HSF. Since 1970, the number of obese children has tripled. It is estimated that more than 12 million Canadians are now overweight and smoke.

In response to the rising numbers, the HSF has issued a call for action, requesting that governments and the food industry take a series of corrective measures. Among the recommendations: make nutritional information mandatory on restaurant menus, ban fast-food advertising to children, and invest in the promotion of healthy lifestyles.

Source: Heart and Stroke Foundation of Canada

Seniors and Food Safety: Preventing Foodborne Illness

When Someone Else is the Cook:
Eating Out & Bringing Food Home

Let's face it. Sometimes it's just easier and more enjoyable to let someone else do the cooking. And for today's seniors there are many eating options. All of these options, however, do have food safety implications that you need to be aware of.

Complete Meals to Go and Home Delivered Meals

When you want to eat at home but don't feel like cooking or aren't able to, where do you turn?

- Many convenience foods, including complete meals to go, are experiencing runaway popularity.
- Purchased from grocery stores, delis or restaurants, some meals are hot and some are cold.
- Ordering delivered meals from restaurants or restaurant-delivered services is an option many consumers like to take advantage of.
- And of course, for those who qualify, there are programs like Meals on Wheels that provide a ready-prepared meal each day.

Hot or cold ready-prepared meals are perishable and can cause illness when mishandled. Proper handling is essential to ensure the food is safe.

The 2-Hour Rule

Harmful bacteria can grow rapidly in the "danger zone" (between 40° and 140° F). So remember the 2-hour rule: discard any perishable foods left at room temperature longer than 2 hours.

When you purchase hot cooked food, keep it hot. Eat and enjoy your food with 2 hours to prevent harmful bacteria from multiplying. If you are not eating within 2 hours, keep your food in the oven set at a high enough temperature to keep the food at or above 140° F. (Use a food thermometer to check the temperature.) Stuffing and side dishes must also stay hot. Covering food with foil will help keep it moist.

Rather than keeping cooked food warming in an oven for an extended period of time, cooked foods will taste better if you refrigerate them and then re-heat when you are ready to eat.

- Divide meat or poultry into small portions to refrigerate or freeze.
- Refrigerate or freeze gravy, potatoes, and other vegetables in shallow containers.
- Remove stuffing from whole cooked poultry and refrigerate.

Cold food should also be eaten within 2 hours or refrigerated or frozen for eating another time.

Reheating?

You may wish to reheat your meal, whether it was purchased hot and then refrigerated or purchased cold initially.

- Heat thoroughly to 165° F until hot and steaming.
- Bring gravy to a rolling boil.
- If heating in a microwave oven, cover food and rotate dish so it heats evenly. Inadequate heating in the microwave can contribute to illnesses. Consult your owner's manual for complete instructions.

Eating Out

Whether you're eating out at an upscale restaurant, a senior centre, or a fast food diner, this can be both a safe and enjoyable experience if you take the same precautions you would if you were eating at home.

All food service establishments are required to follow sanitation guidelines set by state and local health departments to ensure cleanliness and good hygiene. However, when you go out to eat, look at how clean things are before you ever sit down. Are the tables, dinnerware, and bathrooms neat and tidy? If not, it may be better to dine somewhere else. A dirty dining room may indicate a dirty kitchen, and a dirty kitchen may lead to unsafe food.

Seniors need to avoid the same foods in restaurants that they avoid at home. If you are unsure about the ingredients in a particular dish, ask before ordering it.

No matter where you eat out, always order your food "well done." Remember that foods like meat, poultry, fish, and eggs need to be cooked thoroughly to kill off harmful bacteria. When you're served a meal, check how well it's cooked before you eat it. Make sure it's served to you piping hot and thoroughly cooked, and if it's not, send it back.

The Doggie Bag

It seems like meal portions are getting bigger and bigger these days. Which means that there is another meal waiting for another day. Care must be taken when handling these leftovers.

If you will not be arriving home within 2 hours of finishing your meal, it is safer to leave the leftovers at the restaurant. Also, remember that the inside of a car can get very warm. Bacteria may grow rapidly, so it is always safer to go directly home after eating and put your leftovers in the refrigerator.

Some senior centres that provide meals do not allow food to be taken away from the site because they know how easy it is for bacteria to multiply to dangerous levels when food is left unrefrigerated too long. Check with your centre for its policy on taking leftovers home.

Source: FDA/Centre for Food Safety and Applied Nutrition, May 1999

Family Caregivers in the Workplace: Are We Making Progress?

There are many faces of caregiving. One in eight Canadians over the age of 15 is a care giver. In Nova Scotia, the number of care givers is on the rise with more than 85,000 today.

A caregiver is someone who provides care and extra support to family and friends. Caregivers are spouses, children of all ages, in-laws, siblings, partners and extended family members and friends. Caregivers provide care in their homes, in care facilities and from a distance. Caregivers have a special relationship with their care receiver. (FcgANS)

Most caregiving scenarios are of adults caring for their parents or other adults. Those receiving care could be in the early stages of dementia, recovering from a stroke or in palliative care. This often involves hands-on care, establishing supports and daily phone calls. In 2001, 13.4% of the population in Nova Scotia was 65 years of age or older. By 2026, older adults are expected to account for 24.5% of the population.

However, the caregiving spectrum is all-encompassing. Parents become full-time caregivers when their son or daughter is born with, or develops a mental or physical disability. Caregivers provide more than 80% of the care required to enable friends or family to live at home.

If this care was provided by a paid workforce, the cost is estimated at more than $5 billion annually. In rural areas, caregivers provide 39 hours of care to older adults on a monthly average, compared to 20 hours for urban caregivers.

Caregiving and Its Effect on Employers

Work/family conflict, as reported by Duxbury and Higgins (2001), can lead to higher rates of absenteeism, cause a greater degree of stress, as well as poor physical and mental health, and an increased use of prescription drugs and EAP/counselling services.

Research conducted with caregivers aged 45-64 identified work-related issues, such as reduced hours of work, changing work patterns, lost income, turning down jobs, and in some cases,

the need to quit their employment due to caregiving responsibilities.

Statistics Canada reported in 2001 that an average of 8.2 days were lost in Nova Scotia due to illness and disability. Personal and family responsibilities added 1.4 lost days. There is an increased need for family caregivers in this province due in part to the health issues as identified because:
"Nova Scotia has the country's highest rate of deaths from cancer and respiratory disease; and the highest rate of arthritis and rheumatism in Canada. The province has the second highest rate of circulatory deaths and diabetes in the country, and the second highest psychiatric hospitalization rate."

"If one takes into consideration the costs associated with the above, one can combine the direct medical costs ($1.24 billion) with the indirect productivity costs ($1.79 billion) of the seven types of chronic illness ... and provide a total exceeding $3 billion per year."

Small Steps

- Involve staff in discussions about caregiving and how it affects employees
- Conduct a stress survey with employees
- Provide wellness programs
- Increase health awareness
- Provide water and healthy snacks at work
- Encourage a supportive culture
- Provide alternative work arrangements: flex hours, job sharing, working from home
- Communicate with staff to ensure an understanding of existing employee benefits
- Review personal leave time and increase its flexibility to allow for caregiving
- Develop a tool kit for employers with contact and resource information
- Extend EAP to include caregiving
- Encourage management to show support by recognizing employees have caregiving responsibilities
- Support elder care such as adult day programs
- Foster a climate that is supportive of caregiving
- Involve employees in dialogue on solutions for caregiving and work-life balance issues
- Offer workshops on work-life balance, caregiving needs, benefit packages and health promotion

Next Steps: Policy Direction

Federal Government

- Improve tax relief for caregivers
- Enable caregivers to make CPP contributions when they are not able to work due to caregiving, or create a drop out clause
- Change EI funding to subsidize caregivers at a rate of 80% salary for up to five years away from the job
- Recognize caregiving is unpaid work
- Ensure job security when giving care
- Create an interdepartmental approach to caregiving
- Include caregiving as one of the identifiers employers cannot discriminate against diability, age or maternity
- Include caregivers in policy development

Provincial Government

- Ensure job security for employees who are absent from work due to caregiving
- Provide direction and support to employers to implement "family leave" days
- Extend benefits package to part-time employees
- Set provincial standards for workplace caregiving policies
- Include caregivers in policy development
- Provide fully-funded long term care

Family Caregivers' Association of Nova Scotia and others

- Identify cost/benefit models to show the value of supporting caregivers in the workplace and the effects that caregivers' responsibilities are taking on employees
- Raise awareness of employers/public through presentations to groups such as Chamber of Commerce, service clubs and employer groups
- Provide support information

- Provide policy descriptions
- Encourage employers and employees to raise support for caregiver policies by speaking to all levels of government
- Design a promotional campaign *Family Care: An Integral Part of Life* (similar to anti-smoking campaigns)
- Raise awareness of caregiver rights

Family Caregivers' Association of Nova Scotia:
5355 Russell Street, Halifax, NS B3K 1W8

Toll-free: 1-877-488-7390; Tel: (902) 421-7390;
Fax: (902) 421-7338;
E-mail: fcgans@caregiversNS.org

Inflammation and Your Heart

Chronic inflammation in the body may be a major cause of many heart attacks and strokes.

According to the "inflammation hypothesis," chronic infections in the body cause an increase in the number of white blood cells.

While these cells are helpful in fighting infection, they can also infiltrate plaque lining the artery walls. This makes the plaque unstable and more likely to rupture. Ruptured plaques can trigger blood clots—and then block blood flow in the arteries of the heart and brain, causing a heart attack or stroke.

While a cold can temporarily increase inflammation levels in the body, the real problem is long-term inflammation caused by such things as smoking, diabetes, high blood pressure, and obesity.

Chronic inflammation can also be caused by gum disease, H. pylori infection (the bacteria that causes most ulcers), and an untreated bacterial sexually transmitted disease like chlamydia.

Source: New England Journal of Medicine, *Vol. 347, Pg. 1557*

Exercise for Motorists and Cyclists

Bicycling Tips

Both car drivers and bicycle riders have responsibilities when it comes to sharing the road:

For Drivers

- Don't honk your horn at cyclists. It could startle them, and they could lose control of their bike.
- Look to the right and to the rear when changing lanes or turning right. That's where bicyclists are most likely to be.
- Also, let a biker pass you by before making a turn. Always yield to a biker.
- Be careful when opening your car door. Many cyclists are injured when they run into a suddenly opened car door.

For Bicyclists

- Always wear a helmet—your most important piece of safety equipment. Also wear reflective clothing if you bike during dusk, dawn, or at night.
- Don't hug the curb. This might sound illogical, but experts say that cyclists need to be where motorists can see them. Cyclists tend to be *less* visible if they hug the curb.
- Ride straight and ride in a predictable fashion.
- Obey traffic laws—the same traffic laws as motorists. Always ride with the traffic, not against it.
- Know the potential hazards on your route. Most cyclist injuries are the result of collisions with objects, both moving and stationary.
- Practice defensive riding. Most drivers are courteous, but a few are not.

Source: Family Safety & Health, *Vol. 62, No. 2*

Walk to Live Longer

Walking—even as little as two hours a week—can help people with type 2 diabetes lower their risk of dying too soon.

One particular study looked at 58- and 59-year-olds who, on average, had been living with diabetes for 11 years.

Those who walked at least two hours per week had a 39% lower risk of dying prematurely than those who got little or no exercise.

For walking to be beneficial, it must be brisk. In other words, you need to feel your heart and breathing rates increase.

Source: U.S. Centres for Disease Control and Prevention

Stress Less

5 Really Nice Gestures

These things will be very much appreciated by someone who is seriously or terminally ill. Their caretakers will be thankful for your thoughtfulness as well.

- Send a funny or happy note. Or share a funny memory. Cards or notes saying how sad you are only make the ill person feel worse.
- If you want to visit the patient, call ahead.
- If you want to call, be upbeat. If you think you will start crying on the phone, don't call. A sick person needs cheerful diversion.
- If you want to send over some food, ask what they can have and offer to prepare something light and nourishing. Homemade soups are often appreciated. Candy or rich foods, unless the patient requests them, are not a good idea.
- Don't say, "If there's anything I can do, please let me know." Just do *something*. Cook or bake for them. Drop off a humourous book or funny video.

Visit the caretaker if the patient is gravely ill. They get lonely and depressed too, and can often use a lift.

Slow Down

"Many people miss their share of happiness, not because they never found it, but because they didn't stop to enjoy it."

— William Feather

Research News You Can Use

From Leading Publications and Authorities

Blood Sugar and Memory

People who can't bring down high blood sugar levels (a pre-diabetic condition) may be more likely to suffer from short-term memory loss.

This could be one of the reasons why our memories deteriorate as we age. The brain needs sugar (glucose) as fuel. If sugar stays in the bloodstream, this means it isn't getting to the brain.

The good news: Exercise and weight loss, which help control blood sugar levels, may be able to prevent or reverse some of this memory loss.

Source: Proceedings of the National Academy of Sciences, February 5, 2003, on-line version

Air Pollution and the Heart

The tiny particles found in air pollution may be an even greater risk to the heart (i.e., arrhythmia, heart attacks, cardiac arrest) than they are to the lungs, say researchers.

That said, air pollution still is not nearly as harmful to the cardiovascular system as smoking.

These tiny particles, called particulate matter, are emitted by vehicles, coal-burning plants, and other industrial sources.

Source: Circulation, *December 15, 2003, on-line version*

Monitoring Blood Pressure

Home blood pressure monitors can be a good idea for those who need to keep a close eye on their blood pressures. But you need to do three things to make sure it's giving you accurate readings:

1. Take the blood pressure monitor to your doctor's office.
2. Ask them to calibrate your monitor to theirs.
3. Ask them to measure your arm to make sure the cuff fits properly. Cuffs that are too small will over estimate blood pressure, while too large a cuff will underestimate.

Source: Research presented at the 2003 meeting of the American Society of Hypertension

Diabetic Foot Sores

Diabetic foot ulcers can be hard to cure. Researchers say, however, that putting people in a high-pressure oxygen chamber for several hours a day can speed healing.

After two weeks a hyperbaric oxygen chamber therapy, people showed more extensive healing than people not getting the oxygen treatment.

Researchers concluded that hyperbaric oxygen therapy can double the healing rate of chronic foot ulcers.

Source: Diabetes Care, Vol. 26, Pg. 2378

Vitamin D and Bones

When it comes to strong bones, calcium won't do you a lot of good unless you are also getting enough vitamin D. In one study, women consuming 500 IU of vitamin D a day had a 37% lower risk of hip fracture than women consuming only about 140 IU of daily vitamin D.

The standard recommendation for vitamin D has long been 400 IU a day. But some experts now recommend as much as 800 to 1,000 IU a day.

Supplements are probably the easiest way for most people to get their vitamin D. But if you live in a sunny climate, your body can make its own vitamin D if you expose your skin to the sun for about 15 minutes a day.

Source: American Journal of Clinical Nutrition, *Vol. 77, Pg. 504*

Neck Pain

When people with neck pain were given three different modes of treatment: manual therapy (e.g., spinal manipulation), physical therapy (e.g. exercise), or general practitioner care (e.g., counseling, education, and drugs), those getting the manual therapy seemed to recover the quickest.

At seven weeks of therapy, recovery rates were 68% for manual therapy, 51% for physical therapy, and 36% for general practitioner's care.

Bottom line: Manual therapy led to faster recovery and slightly better outcomes at one year. Costs were also lower than those of physical therapy or general practitioner care.

Source: British Medical Journal, *Vol. 326, Pg. 911*

For A Healthy Body

Aside from a healthy diet, the three best things you can do to boost your immunity:

1. Meditate: or find some other way to de-stress and relax each day.
2. Exercise: at least 30 minutes most days of the week.
3. Get enough quality sleep: at least seven to eight hours a night.

Tip: Doing the first two will help you sleep better.

Source: Natural Health, *Vol. 33, No. 6*

Musical Nostalgia

Remember some of these classic hit songs? Well here they are—adapted for those of us who are getting on in years.

- Herman's Hermits:
  Mrs. Brown, You've Go a Lovely Walker
- The Bee Gees:
  How Can You Mend a Broken Hip?
- Ringo Starr:
  I Get By With a Little Help from Depends
- Marvin Gaye:
  I Heard It Through the Grape Nuts
- Simon and Garfunkel:
  Bridge in My Troubled Uppers
- Johnny Nash:
  I Can't See Clearly Now
- Leo Sayer:
  You Make Me Feel Like Napping
- Roberta Flack:
  The First Time Ever I Forgot Your Face
- The Commodores:
  Once, Twice, Three Times to the Bathroom
- Bobby Darin:
  Splish, Splash, I Was Havin' a Flash

Source: Unknown

Lifestyle

"If you eliminate the factors that we know cause health problems, which are largely lifestyle issues —smoking, high blood pressure, high cholesterol, lack of exercise, and diabetes—you can eliminate somewhere between 70% and 90% of disease in the U.S."

—Richard Pasternak, MD, director of preventive cardiology, Massachusetts General Hospital

Body, Mind and Soul

We are not what we think we are, but, what we think, we are.

—Norman Vincent Peale

We grow neither better nor worse as we get old, but more like ourselves.

—May Lamberton Becker

Turn a setback into a comeback.

—Billy Brewer

Procrastinate: something you do when you don't.

—Joe Hewer

If you don't have wrinkles, you haven't laughed enough.

—Phyllis Diller

Recall it as often as you wish. A happy memory never wears out.

—Libbie Fudim

Tipping the Scales the Other Way

To help Canadians win the battle of the bulge, the Heart and Stroke Foundation is working with national health organizations to encourage all levels of government to commit greater resources to public health and to preventing chronic disease.

Through the HealthCheck™ program (www.healthcheck.org), the Foundation is working with the food industry to help consumers identify healthy food choices. Over 70 manufactures offer almost 400 products displaying the HealthCheck™ symbol. These products have been reviewed by the Heart and Stroke Foundation and they meet established nutrient criteria based on Canada's Food Guide to Healthy Eating.

The Foundation has also supported obesity-related research in the past, but is now targeting strategic funds to this critical health issue. The Foundation is already providing $1 million in initial funding to two multidisciplinary teams—21 expert researchers—to examine the biological, social, behavioural and environmental aspects of obesity.

The Heart and Stroke Foundation also offers a number of health information resources including: and easy BMI test to see if you fall into the overweight danger zone, www.heartandstroke.ca/yourhealthtools. Canadians can also easily order the *Healthy Habits, Healthy Weight* booklet and take the Heart & Stroke Risk Assessment Test, available via www.heartandstroke.ca or the toll-free number: 1-888-HSF-INFO (1-888-473-4636).

Source: Ticker Talk, *vol. 14, No. 1, Spring 2004*

International Conferences

October 2004

International Conference on Active Ageing
Toward a New Perspective:
From Ageing to Ageing Well
October 3 – 5, 2004
Montreal, Québec, Canada
Tel: (514) 287-1070
Fax: (514) 287-1248
E-mail: aw2004bv@jpdl.com
www.geronto.org/

The 20th International Conference of Alzheimer's Disease: Dementia Care in an Ageing Society
October 15 – 17, 2004, Kyoto, Japan
E-mail: office@alzheimer.or.jp
www.joho-kyoto.or.jp/KICH/

June 2005

International Association of Gerontology
18th World Congress of Gerontology
June 26 – 30, 2005
Rio de Janeiro, Brazil
E-mail: iag2005@unicamp.br
www.emociones.org.py/funacion/congressgerontology.html

May 2006

International Federation on Ageing,
8th Global Conference
May 30 – June 2, 2006
Copenhagen, Denmark
Tel: +45 3946 0500
Fax: +45 3946 0515
E-mail: global-ageing@ics.dk
www.global-ageing.dk

The following is a submission from the Maritime Conservatory of Performing Arts forwarded on behalf of Barbara Dearborn, Head, MCPA School of Dance.

Dance is for Everyone

Think you're too old to start dancing? Think again. The Maritime Conservatory of Performing Arts (MCPA) is pleased to offer dance classes for seniors this fall.

The Dance Department at MCPA has been the premier school for dance training east of Montréal since its inception in 1947, and is the largest single department at the Conservatory. With an emphasis on small class size, a belief in the importance of individual attention, and acommitment to providing a highly-qualified teaching staff, the school, under the direction of Barbara Dearborn, provides classes and programs for both children and adults to meet either a recreational or career development need.

A new addition for the 2004-05 dance season at MCPA is dance for seniors. No dance experience is necessary to enroll in the class, and the course will cover a wide range of dance movement including ballet basics and folk dance. "Dancing is just a fancy way of walking. Our classes are designed to bring a joy and energy back into your body," says instructor Rachael Dyer.

Barre Basics will focus on the fundamentals of ballet posture and alignment at the ballet barre. Centre Basics will further develop the technique established at the barre, uniting technique and artistry. Students will also learn short dance combinations developing an overall sense of movement and spacial awareness. Folk dances from a number of European countries will also be incorporated into the class.

Afraid you don't posses the necessary skills? Worried you've got two left feet? "We don't want our organization to be exclusive," says Dyer. "We want to offer something for everyone. Our classes are designed to bring pleasure, joy, and energy back into your body." As with any new exercise program, participants should check with their personal physician before beginning. Instructors can tailor dance programming to meet your specific needs, such as dancers coping with arthritis. It is MCPA's hope that their programming for dancers of any age will assist in the development of an appreciation of music and its rhythmical patterns, improving self-confidence, contributing to good mental health by keeping you socially active, and promoting a general sense of well-being.

Senior Dance (for dancers aged 60+) will take place Tuesdays 12:30 – 1:30 pm at The Maritime Conservatory of Performing Arts. The course begins September 7 and runs until late June. MCPA is conveniently located at 6199 Chebucto Road, Halifax. For more information or to register, call 423-6995 or email admin@maritimeconservatory.com

First Computer?

Louise Latremouille started writing a few notes for her parents to help them learn how to use their new computer. She soon realized she had more than notes, she had a little book! That was two years ago. After a couple of rough drafts and a lot of editing *My Parent's First Computer and Internet Guide* was born.

It is a great tool for beginners and new users who just want to get started and learn the basics. You won't find any complicated computer language here. *My Parent's First* explains the basics with simple language and keeps it fun. You will learn everything from how to plug your computer in, how to use basic programs, to sending e-mail. Although it is meant to be a self-help book, it can easily be used as a text for a beginner class.

This beginner computer book is small enough to fit easily beside your computer and features a coil binding that enables it to lay open for easy reference. It's a very hands-on book that even has pages available to write your own notes.

Louise has dedicated this book to her parents and is donating part of her profits to the Canadian Cancer Society. *My Parent's First Computer and Internet Guide* is available on-line at www.myparentsfirst.com and at selected stores around the Halifax Regional Municipality. You can also write for more information to: KLMK Enterprises, 3 Blue Heron Lane, Tantallon, NS, B3Z 2K5.

Pharmaceutical Trends in 2003

As part of its reporting mandate, the Patent Medicine Prices Review Board informs Canadians on price trends of all patented medicines and on all medicines, and on research and development (R&D) by pharmaceutical patent holders.

In 2003, total sales of all drugs for human use by manufacturers in Canada increased 14.5% from 2002 to $15.0 billion, while sales of patented drugs increased by 14.8% to $10.1 billion. Patented drugs accounted for 67.4% of total drug sales, unchanged from the previous year.

Manufacturers' prices of patented drugs, as measured by the Patented Medicine Price Index (PMPI) fell by 1.1% in 2003. This result continues the pattern of declines and near-negligible increases in the PMPI that began in 1993.

From 1995 to 2001, Canadian prices for patented drugs were between 5% and 12% below the median of foreign prices in the seven countries used for price comparison purposes (France, Germany, Italy, Sweden, Switzerland, the United Kingdom and the United States). In 2002, the prices of patented medicines in the Canadian market were about 1% higher than the median of foreign prices. However, in 2003, prices returned to the mid-1990s levels, about 5% lower than the median of foreign prices in the seven countries.

As for R&D, patentees reported total expenditures of $1.19 billion in 2003, a decrease of 0.5% over the $1.2 billion in the previous year. The R&D-to-sales ratio for all patentees declined to 8.8% in 2003 from 9.9% in 2002 as did the R&D-to-sales ratio for members of R&D to 9.1% from 10.0% the previous year. Expenditures on basic research fell by 9.3% in 2003 relative to 2002, totaling $180 million in 2003 and representing 15.7% of current R&D expenditures.

More detailed information will be available on our website once the Annual Report for 2003 has been tabled in Parliament and made public.

Source: PMPRB Newsletter
Vol. 8, Issue No. 3 (July 2004)

Positive Changes in Long-Term Care

by Department of Health staff

Beginning January 1, 2005, Nova Scotia will be the first Atlantic province to fully cover the health care costs for residents in long-term care. This change to the Department of Health's long-term care program will benefit the 6,600 Nova Scotians who live in nursing homes, residential care facilities and community based options under the department's mandate.

"Residents will be able to retain a greater level of independence with the support from their families," says Keith Menzies, executive director of the Department of Health's Continuing Care branch. "It's the right thing to do."

The provincial government announced these changes in the budget of 2004. Since that time, staff at the Department of Health been working to ensure those affected are well informed and prepared for the changes to come.

During the summer, an advisory committee and several working groups were established. Representatives from the Senior Citizens Secretariat and the long-term care sector have been providing important and helpful input throughout the process. A plan has also been developed to ensure people have access to timely and accurate information about the program changes.

Among the changes to become effective January 1, 2005 are:

- The provincial government will pay for health care costs in long-term care.
- How much a person pays toward long term care will be determined through a financial assessment based solely on income.
- Up to 85 per cent of income will be considered to determine a person's contribution to room and board costs. There will be a maximum dollar amount ("cap") placed on this contribution. The cap will be based on the provincial average for room and board costs.

- Individuals will keep at least 15 per cent of their income. For seniors who only receive Old Age Security and Guaranteed Income Supplement this means that they will keep about $150 each month for personal use.
- Individuals and families will retain control of their personal finances.

"Seniors who need long-term care will benefit greatly from this new system because it allows them to keep control over their finances and retain the assets they have accumulated over a lifetime," said Valerie White, executive director of the Nova Scotia Senior Citizens' Secretariat. "This government policy will go a long way in helping to preserve the independence and dignity of Nova Scotia's older citizens."

For more information, please call:
1-800-225-7225 or go to
www.gov.ns.ca/health/ccs

New Compassionate Care Benefits

As of January 2004, caregivers who have to be absent from work to look after a "gravely ill" family member can receive compassionate care benefits (CCB) for up to six weeks. To be eligible, caregivers must show that their weekly earnings have decreased by more than 40 per cent and that they have accumulated 600 insured hours in the last 52 weeks. For more information, visit: www.hrdc-drhc.gc.ca/er-ae/pubs/compassionate_ care.shtml

Source: Rehab & Community Care Medicine
Spring 2004

Staying Healthy and Feeling Your Best

Looking and feeling your best is big business in the exercise and fashion world. It's a topic that our mothers also know a lot about. Get plenty of sleep. Eat lots of fruits and vegetables. Brush your teeth after eating. Exercise regularly. Wear sunscreen when you're outside. Make time for family and friends. Don't smoke. It's all great advice for staying healthy and feeling your best. The Gynaecological Cancer Screening Program has one more piece of advice: have a regular Pap test.

Regular Pap tests prevent over 90 per cent of all deaths from cervical cancer, but almost 40 per cent of Nova Scotia women do not have regular Pap tests. For this reason, Nova Scotia continues to have the highest rate of invasive cervical cancer in the country. Cancer Care Nova Scotia's Gynaecological Cancer Screening Program is committed to working with women, their doctors and other health providers to remind everyone of the importance of regular Pap tests and to support and encourage women in choosing to have this very important test.

Nova Scotia guidelines recommend that all women 18 years and over, or earlier if they are sexually active, have a yearly Pap test. If you are having regular Pap tests, continue to do so. Your decision is helping to ensure you remain healthy. If you are among those women who are not yet having regular Pap tests, let us know how we can support you to make a decision that could save your life.

Each year, during Pap Test Awareness Week, the Gynaecological Cancer Screening Program works with community groups and organizations, including the Office of Health Promotion, Doctors Nova Scotia, Canadian Cancer Society (Nova Scotia Division) and others to raise awareness about the benefits of regular Pap tests. Pap Test Awareness Week 2004 is scheduled for October 24-30. It will be launched on October 20 in Amherst. For more information about Pap testing and Pap Test Awareness Week, please call 1-888-480-8588.

Get Active Funding Available

Walking, bowling, swimming, cycling, Tai Chi, yoga stretches—it's all part of healthy living. Whether you are an individual who wants to organize a group or are already organized, you may be eligible for a physical activity grant.

Grants are available to groups and organizations to create or expand opportunities that lead to life-long physical activity. Grants can be used in a number of ways to get your group active, from hiring a qualified instructor to renting a facility.

According to Health Canada, healthy aging and independent living depend upon physical activity. So choose an activity that interests you. Start slowly and build up gradually until you are able to do 30 to 60 minutes of moderate activity most days of the week.

Choose activities that will:

- build your endurance;
- increase your flexibility;
- improve your strength and balance.

If you have an idea for an activity in your community, contact the Office of Health Promotion's Sport and Recreation Division at 1-866-231-3882 or (902)4 24-7512. Staff will assist you in identifying project eligibility and completing the application process. Applications will be reviewed and grants awarded as they are received. Applications must be submitted by January 15, 2005.

For more information contact the Office of Health Promotion's Sport and Recreation Division or visit www.gov.ns.ca/ohp.

Auto Insurance Explained

You must, according to Nova Scotia law, have the following minimum insurance coverage for the use and operation of your vehicle.

Third Party Liability: you must carry a minimum of $500,000. This provides coverage for your legal responsibility if you injure a person(s) or damage property through the operation of your vehicle. If you feel you need more financial protection you can buy a higher limit.

Accident Benefits: the insured person and some others, as outlined in the policy, are covered under this section for payments for death or bodily injury regardless of who is at fault in the accident. This coverage is limited and requires careful reading to determine when you qualify for benefits.

Uninsured Automobile Coverage: this coverage provides benefits to the policyholder if injured by an uninsured motorist or an unidentified motorist.

Other coverages are available to protect your vehicle, such as collision and fire and theft. Your insurance broker will be able to explain these coverages.

Questions to ask before making your decision to purchase:

1. How will my premium be affected if I am involved in an accident but not at fault in causing the accident?
2. How will my premium be affected if I am involved in an accident and at fault for causing the accident?
3. What discounts/credits are given for accident and claims free clients?

Source: Betty Josey,
Senior Citizens' Secretariat
Safe Driving Committee

Firms See Value in Putting Retirees Back to Work

Award spotlights best employers of 50-plus workers

by Virginia Galt
Workplace Reporter, The Globe and Mail

Avis Rent a Car went out and recruited "mall walkers" when it wanted to bolster its ranks with some energetic older workers. The Royal Bank of Canada hires back its own retirees to work alongside younger employees in its global banking service centre.

Home Depot welcomes applications from "mature" Canadians with the technical know-how to give practical advice to customers. Pharmaceutical company Merck Frosst Canada Inc., based in Kirkland, Que., helps employees save and plan for their retirements and, once they are gone, stays in touch.

These four companies will be named today as the first winners of a new best-employer award: Best Employers of Fifty-Plus Canadians.

"This is the start of developing best practices for an older work force, by showcasing organizations that are solving their own business issues through creative use of their experienced workers . . . blazing the way for others," said Barbara Jaworksi, director of work/life solutions at Toronto-based employee assistance firm FGI and a member of selection committee for the awards. "We're out to overturn the preconceived notion that older workers are a liability," said Eric Vengroff, vice-president of marketing for Canada's Association for the Fifty-Plus, which developed the awards program.

Doug Gerrard, now 62, applied for weekend work at the Home Depot store near his home in Mississauga five years ago and was hired as a part-time sales associate in the plumbing department. On weekdays, he ran his own computer business. But within weeks of his arrival, Home Depot asked Mr. Gerrard if he would consider working full-time. The managers had quickly determined that, in addition to being a proficient home handyman, Mr. Gerrard had leadership and team-building strengths. He is now a full-time supervisor in the store's tool-rental division, still running his computer business on the side.

Mr. Gerrard said he was immediately impressed by the quality of training that Home Depot offers. "After that first orientation session, and they do extensive orientation, I was hooked on the company," Mr. Gerrard said in an interview. For its part, Home Depot values the wealth of experience that older employees bring, said Susan Lloyd, a divisional human resources manager based in Toronto.

Ms. Lloyd said 20 per cent of Home Depot's Canadian employees are now 50 or older and the company will recruit more heavily from that age group as the general customer population ages. "It's such a growing demographic and one of our goals is for our employee population to reflect the communities that they serve," Ms. Lloyd said. Customers sometimes seek out "these mature workers because they feel very comfortable dealing with them."

When Avis Rent a Car decided several years ago that it was paying too much to shuttle cars by transport truck to its various rental locations, company managers hit on the idea of hiring retired people to work as "shuttlers." Recruiters actually went into shopping centres across the county and approached "seniors" who were getting their morning exercise by walking briskly through the malls, said Elizabeth Lincoln, national learning and development manager with Avis. The strategy worked. Avis found hundreds of retired people who were eager to return to the work force.

"We have teachers, we have engineers, we have pastors, we have former vice-presidents of corporations," said Ms. Lincoln said in an interview yesterday. Today, Avis now employs 600 of these recruits to drive the cars between rental locations, greet customers and provide any assistance they might need in finding their rental cars and navigating out of the parking lot. An added benefit, she said, is that they are not reckless drivers. "We don't mind if they drive a little more slowly."

The Royal Bank's global banking service centre scouts for employees about to retire in other areas of the bank to see whether they might be

interested in continuing their careers at the service centre, looking after the needs of key institutional clients, said centre manager David Sullivan. "We have brought in some top talent," he said. "We hire the best qualified candidates and they (the older employees) compete very, very well. They are solid people."

Merck Frosst values its senior employees for their institutional knowledge and enlists them as mentors to work with their younger colleagues, said Mike Lamothe, vice-president of human resources. The company also runs retirement seminars and helps employees supplement their pensions with a "savings-plus program." Once they leave Merck Frosst, the company continues its contact through an retiree newsletter and regular social functions. "They are not forgotten," Mr. Lamothe said.

Reprinted with permission from The Globe and Mail

Adult Protection Legislation Discussion Paper Released

Department of Health, September 2, 2004

Nova Scotians are being asked to comment on proposed changes to legislation that protects adult Nova Scotians who cannot protect or care for themselves. "Nova Scotians have a valuable role to play in shaping changes to legislation that will enhance services available to adult Nova Scotians who need help and are unable to help themselves," said Health Minister Angus MacIsaac.

About 1,300 new cases are investigated each year under adult protection legislation. About 75 per cent of referrals involve self-neglect; the remainder involve caregiver neglect or abuse. Although the adult protection legislation applies to people who are 16 years of age and older, the majority of cases involve seniors. With an increasingly aging population, the number of adults requiring long-term interventions is likely to increase.

"The abuse and neglect of older persons is a serious social problem that deserves a great deal of public discussion and dialogue in Nova Scotia, particularly given the rapid aging of our population and the projected increased incidence of elder abuse," said Valerie White, Executive Director, Senior Citizens' Secretariat. "I encourage all Nova Scotians to review the proposed changes to the Adult Protection Act. Your insight and opinions are important in ensuring that abused and neglected Nova Scotians are supported in a way that we all would like to be treated."

In addition to the call for public input, the discussion paper is being sent to groups and agencies that have particular concerns regarding adult protection, including the Senior Citizens' Secretariat, Disabled Persons Commission, Canadian Pensioners Concerned, physicians and the judiciary. The process will also include research and a review of similar legislation in other provinces.

"Nova Scotia has the highest rate of disability in Canada, with more than 20 per cent of adult Nova Scotians reporting a disability, and this rate will grow as our population ages," said Charlie Macdonald, executive director, Disabled Persons' Commission. "I welcome this opportunity for persons with disabilities and their advocates to participate in this very worthwhile review."

Nova Scotia's Adult Protection Act was established nearly 20 years ago and much has changed in the way services are administered and delivered. This review takes into consideration the changes in society as well as changes requested by various groups involved in adult protection.

The discussion paper is available on the Department of Health's website at www.gov.ns.ca/health or by phoning 424-0934 in Halifax, 1-800-387-6665 outside Halifax.

Nova Scotians have until Friday, Oct. 15, to submit their comments on possible changes to adult protection legislation as outlined in the discussion paper. Comments may be addressed to:

Provincial Co-ordinator,
Adult Protection Services, Continuing Care Branch
Nova Scotia Department of Health,
PO Box 488, Halifax, Nova Scotia B3J 2R8.

They may also be sent by fax to (902)424-0558 or by e-mail to apact@gov.ns.ca

New Website Launched to Educate About Elder Abuse

www.cnpea.ca

The Canadian Network for the Prevention of Elder Abuse is a national non-profit organization dedicated to the prevention of the abuse of older people in Canada. Its mandate is to increase society's ability to recognize and prevent the mistreatment of older people so all adults can be free from abuse, neglect and exploitation in later life.

The Network's new website (www.cnpea.ca) provides information about abuse of older adults. The focus is to improve the ability of communities and the public to help prevent abuse and respond to it appropriately when it does happen.

Who is the Website Meant For?

The CNPEA website will be of interest to service providers working with seniors, policy makers, seniors, students, the business community, and the general public.

This website has been created through volunteer efforts and is being developed in stages with over 50 topics planned. It focuses largely on Canadian content. It is an excellent opportunity to keep informed of developments and trends in this area in different parts of Canada.

The Network invites you to let them know what is happening on senior abuse issues in your community or region, province or territory. Your ideas and information will help them keep the website as current as possible. If you would like to join the Network to help raise public awareness of this important social and legal issue affecting older adults in Canada, membership is free and you may apply by logging on to www.cnpea.ca/membership%20form.htm.

The Family Caregivers' Association of Nova Scotia (FCgANS)
in collaboration with the
Continuing Care Association of Nova Scotia (CCANS)
and the
Canadian Association for Community Care (CACC)
presents

Medication Management at Home

A Workshop for Family Caregivers

5 workshops will take place in the fall in Cumberland and Colchester Counties and in the Halifax Regional Municipality. The 2 – 3 hour workshops will be delivered by a trained facilitator and will accommodate a maximum of 12 participants who are caring for adults either in the community or at a distance.

For more information and to register, please contact one of the following coordinators:

Tatamagouche
Monday, October 4, 2004
1:30 – 4:00
Lillian Fraser Memorial Hospital
110 Blair Ave.
Adele Veno: 657-2382

Advocate
Tuesday, October 5, 2004
1:30 – 4:00
Bayview Memorial Health Centre
3375 Highway 209
Connie Ells: 392-2859 or 254-2540

Springhill
Wednesday, October 6, 2004
1:30 – 4:00
All Saints Springhill Hospital (Board Room)
10 Princess Street,
Susan Hunter: 597-3773, ext. 150

Truro
Thursday, October 7, 2004
1:30 – 4:00
Parkland Estates
378 Young Street
Lloyd Ripley: 893-2173
or the FCgANS office: 1-877-488-7390

Halifax
Thursday, October 13, 2004
1:30 – 4:00
Veith House (Board Room)
3115 Veith Street
FCgANS Office: 421-7390 or 1-877-488-7390

The workshops will follow the curriculum of the Canadian Association for Community Care's resource
"The Safe Use of Medicines"

Topics will include:
The Role of the Caregiver
What Caregivers Should Know About Medicines
The Misuse and Reason for Misuse of Medicines
Side Effects and Adverse Reactions
Seeking Help

No registration fee. Space is limited.

"If you loved our Messer Jubilee, then you must see this outstanding tribute show!"

says **Don Tremaine, TV Host**
Don Messer Jubilee

Scott Woods
Canadian Fiddle Champion

Tommy Fitzgerald

Marie Gogo
Juno winner

Memories of a DON MESSER JUBILEE

Tom Leadbeater
Maritime tenor

salutes our veterans

featuring the 6-Man **Heritage All-Star Band**

A 2-hr. recreation of the celebrated TV show.

★ *The unforgettable* ***Messer Sound*** ★ *Favourite wartime songs by* ***"Marg & Charlie"***
★ ***Buchta-style Dancers****: swing, jitterbug* ★ *Sensational 11-yr-old* ***Stepdancer/Fiddler***

		Appearing ...		**for tickets call**
Nov 9	7pm	**DIGBY**	Digby High School	DG Hosp. Auxiliary
Nov 10	2 pm	**YARMOUTH**	Th' YARC Theatre	(902) **742-8150**
Nov 11	7 pm	**LIVERPOOL**	Astor Theatre	(902) **354-5250**
Nov 12	7 pm	**WOLFVILLE**	Festival Theatre, Acadia University	(902) **585-5500** or 1-800 542-8425
Nov 13	2 pm	**HALIFAX**	Rebecca Cohn Theatre	(902) **494-3820** or 1-800 874-1669
Nov 14	2 pm	**ANTOGINISH**	S.F.X U Theatre	(902) **867-2100**
Nov 17	2 pm	**PICTOU**	deCoste Centre	(902) **485-8848** or 1-800 353-5338

***Audience says:* "Most authentic Don Messer tribute show."**